

The MT Laboratory Sentinel

Updates from the MT Laboratory Services Bureau
08/21/09 <http://healthlab.hhs.mt.gov/>



Bioterrorism Preparedness for Laboratorians



The Montana Public Health Laboratory (MTPHL) presented an all-day training for 17 clinical microbiologists on July 31 at Carroll College in Helena. This workshop was designed to provide practical, hands-on training for clinical laboratory scientists to recognize critical agents of bioterrorism.

Kathy Martinka, Bioterrorism and Laboratory Preparedness Coordinator, reviewed the Laboratory Response Network (LRN) Sentinel Laboratory Protocols for presumptive identification and ruling-out suspect agents of bioterrorism. She outlined the process for referring suspect organisms to MTPHL for confirmatory testing and the courier service offered by MTPHL.

Kim Newman, Microbiologist at MTPHL, described the clinical presentation and biochemical characteristics of five agents of bioterrorism: *Bacillus anthracis*, *Brucella spp.*, *Burkholderia spp.*, *Francisella tularensis*, and *Yersinia pestis*. This training is particularly important to Montana microbiologists as these organisms occur naturally in our rural environment and could be encountered in normal clinical samples.

Deborah Franklin, Laboratory Training Coordinator, explained the safety implications of handling suspect bioterrorism organisms in clinical specimens and isolates. She reviewed the proper use of personal protective equipment (PPE) and provided several biosafety resources for the participants to use in their laboratories.

Laboratory demonstrations provided an opportunity to observe non-virulent strains of the bacteria growing on a variety of culture media, gram stains, and their biochemical characteristics.

The workshop materials were presented in cooperation with the National Laboratory Training Network which is part of the Centers for Disease Control and Prevention (CDC). Funding for the workshop is provided through the Public Health Emergency Preparedness Cooperative Agreement with the CDC.

For more information contact Kathy Martinka at kmartinka@mt.gov or 406-444-0944.



YOUR WEEKLY NEWS AND INFORMATION
RESOURCE FROM THE
AMERICAN SOCIETY FOR
CLINICAL LABORATORY SCIENCE

ASCLS - August 11, 2009

[Evaluation of Rapid Influenza Diagnostic Tests for Detection of Novel Influenza A \(H1N1\) Virus in the U.S.](#)

from the Centers for Disease Control

The Centers for Disease Control and Prevention's Laboratory Outreach and Communication System (LOCS) is providing a link to the Aug. 7, Morbidity and Mortality Weekly Report article, "Evaluation of Rapid Influenza Diagnostic Tests for Detection of Novel Influenza A (H1N1) Virus – United States, 2009." The article describes the performance of three commercially available rapid influenza diagnostic tests (RIDTs) compared to real-time RT-PCR for their ability to detect the novel influenza A (H1N1) virus in respiratory specimens. Click [here](#) to read the article.

[Quick Tests for the Flu Found Often Inaccurate](#)

from The New York Times

As the swine flu spreads, many doctors and hospitals are turning to rapid tests that can determine within minutes whether an anxious patient has the flu. Sales of such tests are soaring. Dr. Christine Ginocchio, of the North Shore-Long Island Jewish Health System, whose research showed a flaw in rapid flu tests. [More](#)

For the most recent H1N1 updates related to Healthcare and Laboratory settings go to: [What's New on the CDC H1N1 Flu Site](#)

MT Communicable Disease Update as of 08/14/09

This newsletter is produced by the Montana Communicable Disease Epidemiology Program.
Questions regarding its content should be directed to 406.444.0273 (24/7/365).

<http://cdepi.hhs.mt.gov>

DISEASE INFORMATION

Summary – Week 31 – Ending 8/8/2009 – Disease reports received at DPHHS during the reporting period August 2 – August 9, 2009 included the following conditions: various enteric conditions: [*Campylobacter* (11), *Salmonella* (1), STEC (1), *E. coli* O157:H7 (1), Crypto (4), and Giardia (5)]. This week also brought 3 cases of Malaria, however these were unrelated and each had a history of international travel.

NOTE: The spreadsheets have multiple pages, each indicated by a tab in the bottom left corner. Tabs on the worksheet reflect the following: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases; (3) cases just this week; (4) clusters and outbreaks; and (5) an STD summary.

Rabies – Several young adults working in Ravalli County were exposed to a Rabies positive bat when they attempted to care for the bat that was housed in a shrub outside of their residence. This exposure resulted in the administration of post exposure prophylaxis (PEP) to 18 people. Please remember to report all animal bites to the local health department. To review the Rabies exposure assessment algorithm:

<http://www.dphhs.mt.gov/PHSD/epidemiology/documents/RABIESASSESSMENTDPHHS.pdf>

Salmonella Newport – A recent and ongoing investigation of a *Salmonella* Newport outbreak in Colorado has been linked using Pulse Field Gel Electrophoresis (PFGE) to contaminated ground beef. Although this product is under recall, ground beef was distributed to Great Falls, MT. Two cases associated with the *Salmonella* Newport outbreak were confirmed in MT, however both cases were in travelers from Colorado. We have not confirmed *Salmonella* Newport related illness acquired in MT but continue to monitor this situation.

West Nile Virus Surveillance – Three additional horses were confirmed positive for WNV during the week ending on August 8th. Two were reported from Lake County, one on August 4th and one on August 5th and the third was reported from Valley County on August 6th. The virus was also previously detected in mosquitoes in Cascade, Phillips, and Teton Counties, and in a horse in Sanders County. For more information on WNV activity in the nation and to learn how to prevent WNV: <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>.

Influenza Surveillance – July 24, 2009 was the last date that the CDC and Montana provided information on individual confirmed and probable cases of novel H1N1 influenza. Montana will continue to use traditional surveillance systems to track the progress of the novel H1N1 flu outbreak at <http://cdepi.hhs.mt.gov>. **The Montana CEpi program still wants to know about hospitalizations and deaths due to influenza and will notify any county that has NOT had a confirmed case regarding PCR positive test results.**

CDC Health Advisory - On August 6th the CDC issued a HAN Advisory on recent updates to the recommendations for the amount of time persons with influenza-like illness should be away from others. Please review the attached advisory and forward on to your health care partners.

CDC Guidance – The CDC now has guidance for state and local public health officials and school administrators for school (K-12) responses to Influenza during the 2009-2010 school year available at:
<http://www.cdc.gov/h1n1flu/schools/>

For more information about CDC's novel H1N1 influenza surveillance system, see [Questions & Answers About CDC's Novel H1N1 Influenza Surveillance](#).

ACIP Update on Rabies 4 Dose PEP Schedule - On June 24, 2009, the ACIP approved a recommendation to reduce the rabies PEP schedule from 5 doses to 4 doses (given on days 0, 3, 7, and 14, and elimination of 5th dose on day 28). This applies to all routine uses of rabies PEP. More details regarding the rationale for this change are available in the ACIP meeting minutes from the Feb 2009 meeting at: <http://www.cdc.gov/vaccines/recs/acip/downloads/min-feb09.pdf> . Frequently asked questions about the change can be found at: <http://www.cdc.gov/RABIES/qanda/ACIP4dose.html>